

(denosumab)

PROLIA injection orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Age-related osteoporosis ***without*** current pathological fracture

Age-related osteoporosis ***with*** current pathological fracture

Cancer treatment-induced bone loss due to hormone ablation therapy (CTIBL-HALT)

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Diphenhydramine 25mg PO

(other)

PROLIA ORDERS

DOSAGE

60mg SQ, every 6 months

PATIENT WEIGHT

lbs.

kg

Last Prolia injection date *(if applicable)*

HEIGHT

ft

in

NOTES

ORDERING PROVIDER

Signature **X** _____ Date

Provider

Phone

Fax